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Title of the Invention THERAPEUT					C AGENT FOR VASOSPASM ACCOMPANYING BYPASS OPERATION										
Attorney Docket Number			P30188 Small Entity Status Claimed												
Application Type			Nonprovisional												
Subject Matter			Utility	Utility											
Suggested Class (if any)							S	ub Clas	s (if any)						
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Application Data Sheet 37 CFR 1.76			Attorney D	Attorney Docket Number P30188					
			Application Number						
Title of Invention THERAPEUTIC AGENT FOR VASOSPASM ACCOMPANYING BYPASS OPERATION									
Publication Inforn	nation:								
Request Early Publication (Fee required at time of Request 37 CFR 1.219)									
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.									
Representative Information: Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32).									
Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.									
Please Select One:	: (Customer Number	r O US	Patent Practitione	er U	Representat	tive (37 CFR 11.9)		
Customer Number		07055	•						
Domestic Priority Information: This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4), and need not otherwise be made part of the specification.									
Prior Application Status Pending							Filing Date (YYYY-MM-DD)		
Application Number		Continuity Type a 371 of international							
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Additional Domestic Priority Data may be generated within this form by selecting the Add button.									
Foreign Priori	ty Inf	ormation:							
This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).									
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Additional Foreign Priority Data may be generated within this form by selecting the Add button. Add									
Assignee Info	rmati	on:							
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Assignee 1						Rer	nove		
If the Assignee is a	n Orgar	nization check here.	√						

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Application Da	eet 37 CFR 1.76	Attorney Dod	ket Number	P30188				
Application ba	set 37 CHR 1.70	Application N	Number					
Title of Invention	THER	APEUTIC AGENT FOR	VASOSPASM ACCOMPANYING BYPASS OPERATION					
Organization Name	SAHI KASEI PHARMA	CORPORATIO	N					
Mailing Address Information:								
Address 1 9-1, Kanda Mitoshiro			o-cho, Chiyoda-ku,					
Address 2								
City Tokyo				State/Provin	ice			
Country i JP				Postal Code	101-8481			
Phone Number				Fax Number				
Email Address				1	•			

Signature:

button.

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.										
Signature	/Bruce H. Bernstein/		Date (YYYY-MM-DD) 2006-07-21							
First Name	Bruce H.	Last Name	Bernstein	Registration Number	29,027					

Additional Assignee Data may be generated within this form by selecting the Add

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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